

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT—1 G FORM  
AND

CONSOLIDATED CAMPAIGN STATEMENT

(Government Code Sections 84200-84217)

Type or Print in Ink

Statement covers period 4-1-88 through 7-31-88

PAGE 1 OF 5

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FORM 490  
1988

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED

☐ PRE-ELECTION STATEMENT

☒ SEMI-ANNUAL STATEMENT

☐ SPECIAL ODD-YEAR CAMPAIGN REPORT

☐ TERMINATION STATEMENT

Attach a Form 415 to this Form 490

☐ SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

DATE OF ELECTION (MO DAY YR) (IF APPLICABLE)

April 12, 1988

TOTAL PAGES

A

OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER

Susan Hitchcock Akin

OFFICE SOUGHT OR HELD (include location and district number if applicable)

RESIDENTIAL ADDRESS NO AND STREET

141 S. Avena Ave.

CITY Lodi

STATE CA

ZIP CODE

95240

AREA CODE/PHONE NUMBER

(209) 334-9362

BUSINESS ADDRESS NO AND STREET

200 S. Pleasant Ave.

CITY Lodi

STATE CA

ZIP CODE

95240

AREA CODE/PHONE NUMBER

(209) 333-7580

II CONTROLLED COMMITTEES\* INCLUDED IN THIS CONSOLIDATED REPORT (IF APPLICABLE)

NAME OF COMMITTEE

Committee For Susan Hitchcock-Akin

ID NUMBER

880541

ADDRESS OF COMMITTEE NO AND STREET

141 S. Avena Ave.

CITY Lodi

STATE CA

ZIP CODE

95240

AREA CODE/PHONE NUMBER

(209) 334-9362

NAME OF TREASURER

Nancy Wall

PERMANENT ADDRESS OF TREASURER NO AND STREET

1026 Port Chelsea Circle

CITY

Lodi, CA

STATE

ZIP CODE

95240

AREA CODE/BUSINESS PHONE NUMBER

(209) 334-1101

NAME OF COMMITTEE

ID NUMBER

ADDRESS OF COMMITTEE NO AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER NO AND STREET

CITY

STATE

ZIP CODE

AREA CODE/BUSINESS PHONE NUMBER

\* A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.

Attach additional information or appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND ID NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
			YES	NO
<u>none</u>				

Attach additional information on appropriately labeled continuation sheets

VERIFICATION

CANDIDATE OR OFFICEHOLDER:

I have used all reasonable diligence and, if one or more controlled committees are included in this report, to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6-24-88 at Lodi, CA

(Date)

(City and State)

by

Susan Hitchcock Akin  
(Signature of Candidate or Officeholder)

TREASURER(S) (if applicable):

I have used all reasonable diligence in preparing this Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6-24-88 at Lodi, CA

(Date)

(City and State)

by

Nancy Wall  
(Signature of Treasurer)

Executed on \_\_\_\_\_ at \_\_\_\_\_

(Date)

(City and State)

by

(Signature of Treasurer)

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE  
FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD  
FROM 4-1-88 THROUGH 7-31-88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Susan Hitchcock Akin

I.D. NUMBER (IF COMMITTEE)

880541

## CONTRIBUTIONS RECEIVED

	COLUMN A Cumulative total from previous period	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
1. Monetary contributions .....	\$ 768-	\$ 400.00 SCHEDULE A, LINE 3	\$ 1,168-
2. Loans received .....	500-	500.00 SCHEDULE B, LINE 7	1,000-
3. SUBTOTAL CASH RECEIPTS .....	\$ 1,268 LINES 1 + 2	\$ 900.00 LINES 1 + 2	\$ 2,168-
4. Non-monetary contributions .....	0	0 SCHEDULE C, LINE 3	0
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES .....	1,268 LINES 3 + 4	900.00 LINES 3 + 4	2,168.00
6. Enforceable Promises (Except loan guarantees, see Line 18 below) .....	0	0 SCHEDULE D, LINE 7	0
7. TOTAL CONTRIBUTIONS .....	\$ 1,268.00 LINES 5 + 6	\$ 900.00 LINES 5 + 6	\$ 2,168.00 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)

## EXPENDITURES MADE

8. Payments .....	\$ 994.66	\$ 1,067.09 SCHEDULE E, LINE 5	\$ 2,061.75
9. Loans Made .....	0	0 SCHEDULE EE, LINE 7	0
10. SUBTOTAL .....	994.66 LINES 8 + 9	1,067.09 LINES 8 + 9	2,061.75 LINES 8 + 9
11. Accrued expenses (unpaid bills) .....	0	0 SCHEDULE F, LINE 5	0
12. TOTAL EXPENDITURES .....	\$ 994.66 LINES 10 + 11	\$ 1,067.09 LINES 10 + 11	\$ 2,061.75 LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B)

\*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK  
EXCEPT FOR LINES 2, 6, 9 AND 11.

## STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.) .....	\$ 273.34	
14. Cash receipts this period (Line 3, Column B above) .....	900.00	
15. Miscellaneous increases to cash (Schedule G, Line 4) .....	1,173.34	
16. Cash payments this period (Line 10, Column B above) .....	1,067.09	
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.) .....		\$ 106.25
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)) .....		\$ 0
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse .....		\$ 0
20. Outstanding debts (Line 2 + Line 11 of Column C above) .....		\$ 1,000.00

## SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		
22. EXPENDITURES MADE:		

**SCHEDULE A**  
**MONETARY CONTRIBUTIONS RECEIVED**  
**FORM 420 OR 490**  
(Amounts May Be Rounded To Whole Dollars)

PAGE 3 OF 5

STATEMENT COVERS PERIOD  
FROM 4-1-88 THROUGH 7-31-88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Susan Hitchcock Akin

I.D. NUMBER (IF COMMITTEE)

880541

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
4-5-88	Ken Lung 820 W. Oak St. Lodi, CA 95240	Occupation: <u>Businessman</u> Employer: <u>Self - owner</u> <u>Giant Discount Tires</u>	100 <sup>00</sup>	100 <sup>00</sup>
4-7-88	L.E. & Carol Krokstrom 1714 Windjammer Ct. Lodi, CA 95240	Occupation: <u>Teachers (?)</u> Employer: <u>unknown for sure</u> <u>Lodi Unified School Dist.</u>	100 <sup>00</sup>	100 <sup>00</sup>
		Occupation: Employer:		
		Occupation: Employer:		
		Occupation: Employer:		
		Occupation: Employer:		
		Occupation: Employer:		
		Occupation: Employer:		
SUBTOTAL				

**SUMMARY**

1. AMOUNT RECEIVED -- CONTRIBUTIONS OF \$100 OR MORE (Include all Schedule A subtotals) .....	\$ <u>200<sup>00</sup></u>
2. AMOUNT RECEIVED -- CONTRIBUTIONS OF LESS THAN \$100 (Not itemized) .....	<u>200<sup>00</sup></u>
3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page. ....	\$ <u>400<sup>00</sup></u>

**SCHEDULE B -- LOANS RECEIVED (PART 1)**  
**FORM 420 OR 490**  
(Amounts May Be Rounded To Whole Dollars)

PAGE 4 OF 5

STATEMENT COVERS PERIOD	
FROM	THROUGH
4-1-88	7-31-88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

880541

**PART I: LOANS RECEIVED**

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMU- LATIVE TO DATE
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>				
4-4-88	Susan and David Akin 1415. Avena Ave Lodi, CA 95240	Occupation: Susan - Teacher David - Sales Employer: Susan - Saint Anne School David - Romicon Inc	0%	none set	500 <sup>00</sup>	1,000 <sup>00</sup>
		Occupation:				
		Employer:				
<b>SUBTOTAL</b>					(a)	1,000 <sup>00</sup>

FULL NAME AND ADDRESS OF GUARANTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	AMOUNT GUARANTEED
	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	
NAME OF LENDER	Occupation:	
	Employer:	
NAME OF LENDER	Occupation:	
	Employer:	
<b>SUBTOTAL</b> <small>DO NOT CARRY THIS AMOUNT TO THE SUMMARY BELOW. ENTER ON LINE 18 OF THE SUMMARY PAGE.</small>		(b) \$

**SUMMARY**

1. LOANS OF \$100 OR MORE RECEIVED THIS PERIOD (Part 1 (a))	\$ 500 <sup>00</sup>	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized)	0	
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)	500 <sup>00</sup>	
4. LOANS OF \$100 OR MORE REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Part 2, Column (c))	0	
5. LOANS UNDER \$100 REPAID, FORGIVEN OR PAID BY A THIRD PARTY (not previously itemized) (If forgiven or paid by a third party, also enter amount on Line 2 of the summary section of Schedule A)	0	
6. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5)	0	
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page	500 <sup>00</sup>	\$

(May be neg-  
ative figure)

**SCHEDULE E  
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE  
FORM 420 OR 490**

PAGE 5 OF 5

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

FROM 4-1-88 THROUGH 7-31-88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Susan Hitchcock Akin

I.D. NUMBER (IF COMMITTEE)

880541

**CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the back of page 12 for detailed explanations of each category.

"C" -- MONETARY & IN-KIND CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES

"O" -- OUTSIDE ADVERTISING

"I" -- INDEPENDENT EXPENDITURES TO SUPPORT OR OPPOSE OTHER CANDIDATES OR MEASURES

"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"L" -- LITERATURE

"F" -- FUNDRAISING EVENTS

"B" -- BROADCAST ADVERTISING

"G" -- GENERAL OPERATIONS AND OVERHEAD

"N" -- NEWSPAPER AND PERIODICAL ADVERTISING

"T" -- TRAVEL, ACCOMMODATIONS AND MEALS

"P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

**IMPORTANT:** Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Duncan Press 25 W. Lockeford St. Lodi, CA 95240	L	campaign literature	614.80
Lodi News Sentinel 125 N. Church St. Lodi, CA 95240	N	Political Ads.	406.79
Lodi Avenue Business Center Ham Lane Lodi, CA 95240	G	Postage for mailing campaign literature	35.00
<b>SUBTOTAL</b>			<u>1,056.59</u>

**IMPORTANT:** Contributions and expenditures made out of campaign funds to or on behalf of *other* candidates or committees must also be entered on the Allocation Page, Page 2.

**SUMMARY**

- PAYMENTS OF \$100 OR MORE MADE THIS PERIOD  
(Include all Schedule E subtotals) ..... \$ 1,056.59
- PAYMENTS UNDER \$100 THIS PERIOD (Not itemized) ..... 10.50
- TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS  
(Schedule B, Part 2, Column (d)) ..... 0
- TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4) ..... 0
- TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page ..... \$ 1,067.09